

# Field Study

# Occupational Safety and Health Measures in Micro-scale Enterprises (MSEs) in Shiraz, Iran

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Abstract: Objectives: This study aimed to determine the extent of implementation of occupational safety and health measures in micro-scale enterprises (MSEs) and to assess the prevalence of occupational injuries and accidents and its relationship with occupational safety and health measures provided in the MSEs. Method: A cross-sectional study was conducted among 595 of MSEs. An index called the Safety and Health Requirement Index (SHRI) was created and used to calculate the percentage of provided occupational safety and health measures. The relationship between the SHRI and the occurrence of occupational accidents and injuries was investigated with the independent samples ttest and one-way ANOVA. Results: The mean SHRI score was 60.43%, which was categorized into moderate level. Of the 30.9% of enterprises that had experienced accidents and injuries, the most common types of injuries were musculoskeletal disorders and cuts, and the least common types were pulmonary and hearing problems. Results of one-way ANOVA revealed a statistically significant relationship between the mean SHRI score and industrial branch, enterprise size, and type of accident and injury. The independent samples t-test showed that the occurrence of occupational accidents and injuries was not significantly influenced by provided health and safety measures in MSEs. Conclusion: Given the

Introduction

Small-Scale Industries (SSIs) play a crucial role in the development of the national economy and generation of employment and self-employment of a country. According to an International Labour Organization (ILO) report1), SSIs account for the majority of the world's labor force, accounting for, on average, nearly 40% of the workforce in the industrialized countries and up to 60% of the workforce in developing and newly industrialized countries.

SSIs have a number of unique characteristics when compared with large-scale enterprises. There is a great deal of evidence<sup>2-6)</sup> indicating that workers employed in SSIs are provided with insufficient and poor-quality occupational health and safety services and perform their duties under suboptimal working conditions. SSIs are not organized to provide workers with safety regulations and education. The lack of safety controls in SSIs along with a poor knowledge of safe practices and safety behaviors

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high percentage of enterprises with very poor to poor levels for the SHRI and the high prevalence of occupational accidents and injuries among the studied MSEs, feasible protective strategies and job safety training programs are required to promote occupational health and safety in the studied MSEs.

Key words: Micro-scale enterprises (MSEs), Occupa-

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tional safety and health measures

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of workers has led to a wide range of accidents and disabling injuries in SSIs. The findings of a nationwide survey in Japan<sup>7)</sup> showed that 72% of all occupational injury cases requiring sick leave for 4 days or more were related to the SSI sector. Furthermore, in a study conducted by park et al.<sup>8)</sup> among 5,080 factories in Korea, the morbidity rate due to occupational accidents and diseases in small-scale enterprises was higher than the national rate. Similarly, Okuga et al. found that 92% of Ugandan welders employed in SSIs reported injuries or illnesses that they suspected were caused by their work<sup>9)</sup>.

In Iran, industries employing fewer than 10 employees are considered as micro-scale enterprises (MSEs), which constitute more than 98% of all enterprises, and their employees account for more than 80% of the total workforce. According to Iran's labor law and social security regulations 10), employers with more than 25 employees are obliged to a) prepare the means and resources necessary to secure the safety, well-being, and health of the workers in their work environment and to teach them how to use them, b) perform annual health check-ups for employees and provide the results to the Iran Ministry of Health and Medical Education, and c) monitor and measure occupational harmful agents in workplaces. There are some private occupational health companies registered with the Iran Ministry of Health and Medical Education that provide occupational health services to these enterprises 11). However, these services are very limited for MSEs, and these enterprises are not forced legally to provide occupational health and safety services. On the other hand, employees in MSEs use poor, outdated machinery and equipment and poorly designed work tools, lack suitable and adequate personal protective equipment, and perform their duties in poor working environments that include high levels of noise, poor lighting, inadequate ventilation, poor housekeeping, and inadequate working space.

So far, a few studies have addressed some of the health and safety problems in Iranian MSEs. In a cross-sectional study12) performed among small hand-woven carpet enterprises, Nazari et al. found that more than half of the carpet weavers were not satisfied with some of the health and safety aspects of their workshops, such as thermal conditions, cleanliness of the air, lighting conditions, noise level, and work station and tool design. However, there is no study in Iran that presents a clear picture of the extent of implementation of health and safety standards in MSEs, particularly taking into account the wide range of occupations. This information would be helpful to focus on occupations needing attention and planning effective programs for improving health and safety measures in Iranian MSEs. Therefore, the aims of the current study were to assess (1) the current status of health and safety measures in MSEs and (2) the prevalence of occupational injuries and accidents and its relationship with health and safety conditions of the MSEs.

#### **Materials and Methods**

Setting and sampling

This cross-sectional study was conducted among micro-scale enterprises (those with less than 10 employees) in Shiraz, a city in one of the largest provinces of Iran, Fars province. A stratified random sampling method was used to ensure a representative sample of all enterprises. From a list of 3257 micro-scale enterprises, 703 enterprises were randomly selected depending on the distribution of enterprises by industry. The distribution of enterprises was as follows: 1422, 153, 852, 403, 119, 135, and 173 enterprises in the automobile repairs, electrical, metal, wood, construction, chemical, and food industries, respectively. Selected enterprises were visited and after informing the employers/employees about the aims of the research, the numbers of enterprises ultimately surveyed in the current study was 595 (84.63%), including 302, 13, 148, 67, 55, 8, and 2 enterprises in the automobile repair, electrical, metal, wood, construction, chemical, and food industries, respectively.

Required data on occupational safety and health measures in each MSE were collected using an audit checklist constructed based on national safety and health regulations. The checklist covered 7 dimensions (Appendix A) including fire safety (7 items), electrical safety (7 items), building safety (6 items), machinery safety (9 items), chemical safety (3 items), occupational health measures (15 items), and use of personal protective equipment (3 items). In order to create an index to calculate the percentage of provided occupational safety and health measures, items of the checklist were rated by a judging panel consisting of 10 occupational health and safety (OHS) experts from Shiraz University of Medical Sciences using the following three-point scale: 0 (fully provided occupational safety and health measures), 1 (partly provided occupational safety and health measures), and 2 (did not provide occupational safety and health measures). In the next stage, to weight the importance of each item in the checklist, a coefficient scored from 1 (minimum importance) to 3 (maximum importance) was allocated to each item by the judging panel mentioned above. For this purpose, the average score of the panellists for each item was considered for determination of the importance coefficient (IC) as follows: 1-1.5 (IC of 1), 1.6-2.5 (IC of 2), and 2.6-3 (IC of 3).

Finally, an index called the Safety and Health Requirement Index (SHRI) was created to calculate the percentage of provided occupational safety and health measures in the MSEs as follows:

SHRI=
$$\frac{(\sum nx)}{(\sum 2n)} \times 100$$
,

**Table 1.** The distribution of SMEs and other dependent variables of the studied sample (n=595)

Characteristics	n	%
Industry branch		
Automobile repair	302	50.8
Electrical industry	13	2.2
Metal industry	148	24.9
Wood industry	67	11.2
Construction industry	55	9.2
Chemical industry	8	1.3
Food industry	2	0.3
Enterprises by number of employees		
1 to 2 employees	493	82.8
3 to 5 employees	83	13.9
More than 5 employees	19	3.2
Employees covered by insurance regulations		
Yes	758	71.3
No	305	28.7
Accidents and injuries		
Yes	184	30.9
No	411	69.0
Type of accidents and injuries		
Falling	19	10.3
Cuts	36	19.6
Burns	14	7.6
Electrical shocks	12	6.5
Hearing problems	7	3.8
Pulmonary problems	3	1.6
Musculoskeletal disorders	93	50.5

where n is the IC and x is the score of each item. The SHRI was then graded with the following scale:  $\leq 25\%$ , very poor; 26-50%, poor; 51-75%, moderate, and >75%, good. These categories were applied for judging the level of provided occupational safety and health measures in the studied MSEs. The SHRI was also used successfully in a recent study to determine the percentage of provided occupational safety and health measures in an Iranian hospital<sup>13</sup>.

In order to check the reliability of the checklist, the internal consistency of the dimensions was measured with the Cronbach's alpha test. The study protocol was approved by the Shiraz University of Medical Sciences ethics committee, and all the participating enterprises were informed about the objectives of the study and asked to provide written consent prior to start of the study.

## Statistical analysis

Statistical analysis was performed using the IBM SPSS Statistics software (version 21). Descriptive statistics were used to describe the characteristics of the study population. The relationship between the SHRI and each

dependent variable was investigated using the t-test and analysis of variance (ANOVA).

### Results

Reliability test results revealed that the checklist had an acceptable internal consistency range. The relevant Cronbach's alpha coefficient was 0.90. The Cronbach's alpha coefficients for dimensions 1-7 of the checklist were within the range of 0.60-0.90, meeting the minimum acceptable value for Cronbach's alpha  $^{14,15)}$ . The Cronbach's alpha coefficients for the fire safety, electrical safety, building safety, machinery safety, chemical safety, occupational health measures and use of personal protective equipment dimensions were 0.829, 0.855, 0.648, 0.918, 0.857, 0.631, and 0.859, respectively. The distributions of MSEs and other dependent variables of the studied sample are presented in Table 1. The industry with the highest number of enterprises was the automobile repair industry (50.8%), followed by the metal (24.9%) and wood (11.2%) industries. Among the surveyed MSEs, 82.8% had 1 to 2 workers, 13.9% had 3 to 5 workers, and 3.2% had 5 to 10 workers. The majority of employers/employees (71.3%) were covered by insurance regulations. Of the 30.9% of enterprises that had experienced accidents and injuries, the most common types of injuries were musculoskeletal disorders and cuts, and the least common types were pulmonary and hearing problems.

A high level of occupational safety and health requirements may have an important role in decreasing the occurrence of accidents and injuries. Table 2 shows the relationships between the mean SHRI score and other variables. Statistically significant relationships were found between the mean SHRI score and industrial branch, enterprise size, and type of accident and injury.

The overall SHRI calculated for the studied MSEs in the current research was 60.43% (SD=20.03), which represented a moderate level. Classification of the enterprises by SHRI category revealed that 24.9%, 42.9%, 24.9%, and 5.4% of the enterprises were in the good, moderate, poor, and very poor categories, respectively (Fig. 1).

Table 3 shows the mean and standard deviation values for the SHRI and the distribution of SHRI categories for the different dimensions of health and safety measures. According to Table 3, the lowest SHRI score was related to dimensions of chemical safety (SHRI=36.42%), followed by use of personal protective equipment (SHRI=40.22%) and machinery safety (SHRI=47.37%), respectively.

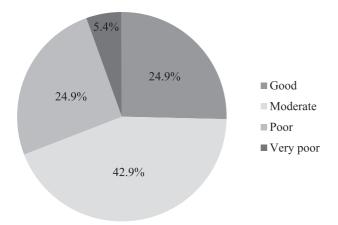
#### Discussion

In this research, the implementation of various dimensions of health and safety measures in MSEs and its relationship with the prevalence of occupational accidents

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Table 2.	The relationship	between mean SHRI score and dependent variables	(n=595)

Characteristics	Mean SHRI (SD)	P-value	
Industry branch			
Automobile repair	57.37 (19.9)		
Electrical industry	51.51 (18.43)		
Metal industry	67.59 (18.85)		
Wood industry	63.02 (20.03)	< 0.001	
Construction industry	54.60 (16.94)		
Chemical industry	77.14 (18.13)		
Food industry	49.87 (3.71)		
Enterprises by number of employees			
1 to 2 employees	59.67 (20.11)		
3 to 5 employees	65.54 (18.40)	0.041	
5 to 10 employees	57.71 (22.72)		
Employees covered by insurance regulations			
Yes	60.64 (19.89)	0.72	
No	58.72 (20.20)	0.72	
Accidents and injuries			
Yes	61.75 (19.25)	0.25	
No	59.84 (20.36)	0.23	
Type of accidents and injuries			
Falling	62.95 (26.55)		
cuts	56.54 (19.15)		
Burns	62.95 (26.55)		
Electric shock	60.41 (16.46)	< 0.001	
Hearing problems	60.24 (20.44)		
Pulmonary problems	78.75 (18.45)		
Musculoskeletal disorders	65.33 (15.47)		



**Fig. 1.** SHRI categories of the studied MSEs (n=595)

and injuries was studied. The overall SHRI for the studied MSEs was categorized into the moderate level (SHRI= 60.43%). According to our findings, the occurrence of occupational accidents and injuries was not significantly influenced by health and safety measures provided in MSEs.

Although the mean SHRI score was categorized into

the moderate level in the current research, considering the categorizations, 30.3% of the studied MSEs were at the very poor to poor level. This result is more than twofold the value reported by Dryson<sup>16)</sup>, who found that 15% of New Zealand workers in small industries considered their worksite occupational health services to be poor.

In this study, a statistically significant difference was found between the mean SHRI scores in enterprises with different number of employees. In the current research, the mean SHRI score was lower in enterprises with 5 to 10 employees than in enterprises with 1 to 2 or 3 to 5 employees. This result is in contrast with findings of a national study conducted among Danish industries <sup>17)</sup>, which showed a lower level of systematic occupational health and safety management in enterprises with 1 to 4 and 5 to 19 employees than larger enterprises. Furthermore, Fabiano et al. <sup>18)</sup> analyzed the relationship between safety performance and number of employees in Italian industries during a period of 5 years using the frequency index (FI) of accidents, i.e., the number of total injuries per million hours of working

D'accession	Mean of SHRI	SHRI categories N (%)					
Dimension	(SD)	Good Moderat		Poor	Very poor		
Fire safety	65.67 (34.59)	303 (50.9)	117 (19.7)	79 (13.3)	20 (3.4)		
Electrical safety	54.82 (39.60)	250 (42.0)	55 (9.2)	90 (15.1)	111 (18.7)		
Building safety	69.25 (31.88)	280 (47.1)	146 (24.5)	94 (15.8)	31 (5.2)		
Machinery safety	47.37 (33.89)	132 (22.2)	125 (21.0)	169 (28.4)	35 (5.9)		
Chemical safety	36.42 (38.61)	112 (18.8)	43 (7.2)	150 (25.2)	10 (1.7)		
Occupational health measures	66.61 (19.88)	235 (39.5)	246 (41.3)	89 (15.0)	24 (4.0)		
Use of personal protective equipment	40.22 (39.30)	135 (22.7)	72 (12.1)	137 (23.0)	2 (0.3)		
Total SHRI score	60.43 (20.03)	148 (24.9)	255 (42.9)	148 (24.9)	32 (5.4)		

**Table 3.** Mean and standard deviation values for the Safety and Health Requirement Index (SHRI) and the distribution of SHRI categories for the different dimensions of health and safety measures

(FI=
$$\frac{\text{Number of total injuries}}{\text{Number of worked hours}} \times 10^6$$
).

The results of their study indicated a reduction in the frequency index of accidents with an increase in enterprise size, with small enterprises recording an FI higher by 47% than the FI in large enterprises. A possible reason for the difference in findings between the current study and the other studies mentioned above could be related to an unequal distribution in terms of the number of the studied enterprises. In the current study, the distribution of samples in three categories of enterprises was not identical. While enterprises with 1 to 2 and 3 to 5 employees constituted 96.7% of the sample, only 3.2% of the sample was in the category of enterprises with 5 to 10 employees, which does not allow for actual causative conclusions to be made.

According to the study results, 30.9% of enterprises reported that they had experienced occupational accidents and injuries during the previous 12 months. Some of the previous studies also reported a high prevalence of occupational accidents and injuries among SMEs. In a study conducted by Nakata et al. it was found that 35.6% of Japanese small-scale manufacturing enterprises had experienced an occupational injury during the previous year. Furthermore, in the study of Parket al. conducted among small-scale enterprises in Korea, the accident rate was 26.0 per 1,000 workers. Also, small companies with fewer than 10 employees had nonfatal and death rates that were two and three times those of companies with over 1,000 employees in the Korean construction industry.

The results of the present study highlighted that musculoskeletal disorders were the commonest work-related injury, which is consistent with other studies. For instance, the prevalence of musculoskeletal disorders was 78.5% among Indian workers in the small-scale garment industry<sup>20)</sup> and 81.17% among carpet weavers engaged in Iranian small-scale enterprises<sup>21)</sup>.

Small enterprises are not organized to fulfill the legal requirements for control of occupational health and safety hazards. In the current study, the SHRI scores for dimensions of chemical safety, use of personal protective equipment (PPE), and machinery safety were between 25 to 50%, all of which were at the poor level. This finding is in line with a previous study reporting a poor chemical and physical work environment in MSEs22). According to the results of the current research, only 17.89% of enterprises labelled chemicals based on their safety hazards, 31.05% of enterprises kept chemicals in a safe way, and 26.84% of employees were aware of the safety of chemicals (data not shown). In addition, PPE was available in 51.05% of enterprises, but only 15.26% of them used PPE when performing jobs that required its use. Similarly, Kwame et al.<sup>23)</sup> reported that a significant number of Ghanaian workers in small-scale sawmilling industries did not use PPE when operating machines or performing jobs that required their use. They concluded that insufficient supply and non-use of personal protective equipment were the cause of 45% of injuries that occurred among work-

Some limitations must be considered in this research. First, the cross-sectional nature of the research does not allow further explanation of the casual relationship between provided safety and health measures in the studied MSEs and the occurrence of accidents and injuries. Second, the records for accidents and occupational injuries were self-reported, and it is possible that respondents would not provide correct information to the researcher via this method for a variety of reasons. Third, the distribution of samples in the three categories of enterprises was unequal, which does not allow for interpretation of real differences in SHRI scores between the enterprises of different sizes. Finally, the participation rates for enterprises in the chemical (8 out of 135) and food (2 out of 173) industries were very low. Therefore, it is difficult to say that these enterprises represent their respective industries. It is suggested that future studies should consider

Appendix A. Used checklist for measuring safety and occupational health status in the studied micro-scale enterprises

Dimensions	Items	Provided occupational safety and health measures				Important	Score
		Yes (x=0)	Partly (x=1)	No (x=2)	Not Applicable	coefficient (n)	(nx)
	Is the enterprise equipped with fire extinguishers?					2	
	Are fire extinguishers charged?					2	
	Are fire extinguishers placed in standard and reachable areas?					3	
Fire safety	Have employees been trained to operate fire extinguishers?					2	
	Are flammable liquids kept in standard vessels?					1	
	Are flammable liquids stored in dry places and far from sunlight and other ignition sources?					3	
	Are flammable wastes collected, stored, and treated appropriately?					3	
	Are all electrical lines insulated and supported by metal conduit?					2	
	Is the enterprise equipped with a standard electric box?					2	
	Is the electrical box equipped with a rubber pad?					2	
Electrical safety	Has the electrical box been grounded?					2	
	Are portable electrical lamps insulated?					3	
	Is the electrical box equipped with double insulation?					3	
	Have electrical equipment and machines been grounded?					3	
	Are walking surfaces flat and free from any obstacles?					2	
	Is the floor washable and steep?					2	
Building	Is the floor slippery?					1	
safety	Are the walls smooth and washable in plant using chemical materials?					2	
	Have safety guards and canopies been considered for the workers working outside?					1	
	Are stairs standard and safe?					2	
Machinery safety	Are the equipment and machines installed in a way that they do not cause problems for walking?					1	
	Is there enough space around each machine for repairs or materials transfer?					1	
	Are all dangerous parts of the machines equipped with standard safety guards?					3	
	Are tool holders used for holding work pieces with a specific surface area?					2	
	Do machines have manufacturer instructions?					2	

Appendix A. Used checklist for measuring safety and occupational health status in the studied micro-scale enterprises (continued)

Dimensions	Items	Prov	ided occu healtl	Important	Score		
		Yes (x=0)	Partly (x=1)	No (x=2)	Not Applicable	coefficient (n)	(nx)
	Are all machines equipped with a grounding system?					3	
Machinery	Are all machines labelled by technical specifications and safety instructions?					1	
safety	Do workers avoid working with machines while wearing scarves, loose clothing, rings, etc?					3	
	Have employees passed an appropriate safety course?					2	
	Are employees aware of the safety of chemicals?					3	
Chemical safety	Are chemicals kept safely?					2	
sarety	Are chemicals labelled regarding their safety hazards?					2	
	Is there an adequate lighting source in the workshop?					1	
	Is the enterprise well ventilated?					2	
	Is the enterprise equipped with heating and cooling systems?					1	
	Is enough space provided in the workplace (3 square meters for each worker)?					2	
	Do plant have a sufficient number of windows (lighting and ventilation) ?					2	
	Have the harmful agents present in the work-place been controlled?					2	
Occupational health	Are ergonomic standards respected?					2	
measures	Is housekeeping respected?					2	
	Have workers been trained about occupational health issues?					2	
	Is there a bathroom at the site?					2	
	Is there water at the site?					2	
	Is garbage collected and disposed of correctly?					2	
	Have employees' annual health examinations been performed?					2	
	Is the enterprise equipped with a first aid box?					2	
	If necessary, does the workshop have safety and warning signs?					1	
Personal	Do employees have access to personal protective equipment?					3	
protective equipment	Do employees use personal protective equipment?					3	
	Is personal protective equipment standard?					3	

more complete samples for these two industries.

#### Conclusion

Well-established occupational safety and health requirements have an important role in decreasing the occurrence of accidents and injuries. Based on the study findings, the overall SHRI score was categorized into the moderate level. Hence, feasible strategies such as providing basic training on job safety and occupational health aimed at the promotion of knowledge and awareness of employees about health and safety hazards in the working environment and taking appropriate protective actions such as establishment of regional occupational health agencies to render occupational safety and health services such as regular workplace inspections, periodic health check-ups, counselling, and suggestions about eliminating or minimizing work environment health and safety hazards may decrease the risk of accidents and injuries and promote occupational health and safety in the studied MSEs.

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#### References

- Rantanen J, Warshaw LJ. Occupational Health Services in Small-Scale Enterprises. Encyclopedia of Occupational Health and Safety. Geneva: International Labor Organization 2011.
- Moriguchi J, Ikeda M, Sakuragi S, et al. Activities of occupational physicians for occupational health services in smallscale enterprises in Japan and in the Netherlands. Int Arch Occup Environ Health 2010; 83: 389-398.
- Furuki K, Hirata M, Kage A. Nationwide survey of occupational health activities in small-scale enterprises in Japan. Ind Health 2006; 44: 150-154.
- 4) Kubo N, Usami T, Haruyama Y, et al. Characteristics of lifestyle and health status of workers in small-scale enterprises in Japan. Ind Health 2006; 44: 161-165.
- 5) Tsai HH, Peng SM, Yeh CY, Chen CJ, Chen RY. An effective physical fitness program for small and medium-sized enterprises. Ind Health 2011; 49(3): 311-320.
- 6) Park H, Cho KS, Lee SH, Lee KM, Meng K. Evaluation of occupational health service systems in small- and medium-sized industries in Korea. Int Arch Occup Environ Health 2000; 74 (1): 68-78.
- Nakata A, Ikeda T, Takahashi M, et al. The Prenalence and Correlates of Occupational Injuries in Small-Scale Manufacturing Enterprises. J Occup Health 2006; 48: 366-376.

- 8) Park H, Ha E, Kim J, Jung H, Paek D. Occupational health services for small-scale enterprises in Korea. Ind Health 2002; 40(1): 1-6.
- 9) Okuga M, Mayega RW, Bazeyo W. Small-scale industrial welders in Jinja Municipality, uganda. Afr Newslett 2012; 22 (2): 35-36.
- Jahangir M. Rules and regulations of labor, welfare and social security. Social Security Organization (SSO); 2003 (in Persian).
- 11) Mehrdad R. Health system in Iran. JMAJ 2009; 52(1): 69-73.
- 12) Nazari J, Mahmoudi N, Dianat I, Graveling R. Working Conditions in Carpet Weaving Workshops and Musculoskeletal Complaints among Workers in Tabriz Iran. Health Promotion Perspectives 2012; 2(2): 265-273.
- 13) Norozi MA, Jahangiri M, Ahmadinezhad, Zare Derisi F. Evaluation of the safety conditions of shiraz university of medical sciences educational hospitals using safety audit technique. Payavard Salamat 2012; 6(1): 42-51 (in Persian).
- 14) George D, Mallery P. SPSS for Windows step by step: A simple guide and reference. 4th ed (11.0 update). Boston: Allyn & Bacon; 2003.
- 15) Kline P. The handbook of psychological testing (2nd ed.). London: Routledge; 2000.
- 16) Dryson E. Preferred components of an occupational health service for small industry in New Zealand: health protection or health promotion? Occupational Medicine 1995; 45(1): 31-34.
- 17) Sørensen OH, Hasle P, Bach E. Working in small enterprises—is there a special risk? Safety Science 2007; 45(10): 1044-1059.
- 18) Fabiano B, Currò F, Pastorino R. A study of the relationship between occupational injuries and firm size and type in the Italian industry. Safety Science 2004; 42(7): 587-600.
- 19) Jeong BY. Occupational deaths and injuries in the construction industry. Applied Ergonomics 1998; 29(5): 355-360.
- 20) Bandyopadhyay L, Baur B, Basu G, Haldar A. Musculoskeletal and Other Health Problems in Workers of Small Scale Garment Industry—An Experience from An Urban Slum, Kolkata. Journal of Dental and Medical Sciences 2012; 2(6): 23-28.
- 21) Choobineh A, Lahmi M, Shahnavaz H, Khani Jazani R, Hosseini M. Musculoskeletal symptoms as related to ergonomic factors in Iranian hand-woven carpet industry and general guidelines for workstation design. International journal of occupational safety and ergonomics 2004; 10(2): 157-168.
- 22) Hasle P, Limborg HJ. A review of the literature on preventive occupational health and safety activities in small enterprises. Industrial health 2006; 44(1): 6-12.
- 23) Kwame OB, Kusi E, Lawer EA. Occupational Hazards And Safety Practices: A Concern Among Small Scale Sawmilling Industries in Tamale Metropolis, Ghana. Iternational Journal of Science & Technology Research 2014; 3(10): 234-236.